



State of Hawaii, Department of Health, Clean Water Branch

CWB-NOC FORM

Notice of Cessation for Hawaii Administrative Rules, Chapter 11-55,  
National Pollutant Discharge Elimination System (NPDES)  
Notice of General Permit Coverage (NGPC)

Before completing this form, read the General Guidelines for CWB-NOC Form. Alteration of the text in this form may delay the process of this submittal.

**Submission of this Notice of Cessation constitutes that the party in Section II of this form is no longer authorized to discharge under the NPDES program. ALL INFORMATION MUST BE PROVIDED ON THIS FORM.**

1. NGPC Information:

File Number: HI \_\_\_\_\_ Date Discharge and/or Activity ceased: \_\_\_\_\_

2. Owner Information:

Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_

Phone No.: ( ) \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_

3. Owner Type:

City ☐ County ☐ State ☐ Federal ☐ Private ☐ Other ☐

If "Other" is checked, specify the type below:

\_\_\_\_\_

4. Operator Information:

Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_

Phone No.: (    ) \_\_\_\_\_ Fax No.: (    ) \_\_\_\_\_

5. Facility/Site Information:

Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

6. Certification:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name & Title: \_\_\_\_\_